Employee Engagement Questionnaire

Employee Engagement Questionnaire

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Employee name

Job title

Department

Date completed

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what employee engagement involves and why it has been recommended.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

2. I am confident managing role, dates and responsible manager day to day.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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3. Objectives, evidence and ratings has been discussed with me.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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4. I know who to contact if something changes between appointments.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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5. I am able to follow the advice I have been given about agreed actions and support needs.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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6. I have enough information to make decisions about my care.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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7. The symptoms I came in with have affected my daily activities.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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8. I have found it difficult to keep up with review dates and sign-off.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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9. I have had support from family, friends or carers with this.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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10. I am satisfied with the care I have received so far.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

Anything else you would like the team to know

For office use only

Total score

Interpretation

Completed by

Reviewed by / date
